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route of importation can not be discovered. It seems probable that it developed from a light form of choleraic affection, the germ becoming virulent in another organism, or in a favorable medium.

With regard to the theory of importation by way of the Hedjaz, which was infected with cholera during this year, the commission learned:

That three pilgrims left Salkhieh for the pilgrimage of 1895. They were Hadji Abdallah and two women of his family. They made the pilgrimage in perfect health, arrived at Suez by the *Chihin*, August 4, and reached home August 6 or 7 by the Suez, Abou-Kebir and Salkhieh Railway. Their names are not on the register of the hospital at Tor. Their baggage was disinfected. Abdallah himself, stated that his effects had so disagreeable an odor after disinfection that he left them at Tor. No pilgrim caravan, and no individual pilgrim went by way of Kantara. The quarantine director at Kantara, states that during the six years in which he has held the position, no pilgrim has ever returned by way of his station.

#### CONCLUSIONS.

The results of the investigations of the commission may be briefly stated as follows:

(1) The disease which broke out at Damietta, October 10, 1895, was Asiatic cholera.  
(2) Cholera was imported to Damietta by land or by way of Lake Menzaleh, favored by the active trade in dried fish and dates, increased at a given time also by the fair held at Damietta.

(3) Cholera existed previously in other localities situated southward, viz, El Nasaïma and Menzaleh.

(4) Cholera in the localities named is a propagation of the disease which existed at Salkhieh among the fellahs and Bedouins assembled for the date gathering. This disease, attributed to the consumption of dried fish and dates, was contagious and epidemic and was undoubtedly Asiatic cholera imported into a remarkably healthy country.

(5) Cholera was officially recognized in Egypt comparatively long after its outbreak. The natural conditions of Salkhieh were opposed to a rapid extension of the disease and favored its extinction.

(6) The three pilgrims, who left Salkhieh to make the pilgrimage to Mecca, were not sick en route, submitted to all quarantine precautions, and returned in good health, and without bringing their baggage.

(7) The precise date of the first case and the name of the person attacked can not be learned. This fact is not surprising in a locality where the population is chiefly nomadic and is subject to no medical or sanitary supervision. The registers are kept by the barbers.

DR. H. LEGRAND, *Reporter*.

DR. BURLAZZI.

DR. A. J. GAUTHIER.

#### JAPAN.

*Relative to the shipment to the United States of certain articles from Japan.*

OFFICE OF THE SUPERVISING SURGEON-GENERAL,  
MARINE HOSPITAL SERVICE,  
Washington, D. C., January 10, 1896.

SIR: Referring to the exportation of articles from Japan to the United States, packed in earth and manure, you are informed that in the opinion of this Bureau the cholera germ, if present, would probably not be capable of causing infection after the lapse of sixty days.

Respectfully, yours, FAIRFAX IRWIN, *Surgeon, M. H. S.,*  
*For Supervising Surgeon-General M. H. S.*

STUART ELDRIDGE, M. D.,  
*Sanitary Inspector, M. H. S., Yokohama, Japan.*

#### TURKEY.

*Two cases of cholera in Constantinople—Quarantine restrictions.*

[Report No. 143.]

CONSTANTINOPLE, December 27, 1895.

During the last week 2 fresh cholera cases were registered in the town of Constantinople. One of them occurred at Pera and the other

one at Cum Capu, a suburb of Constantinople, on the Marmora Sea. The first of these 2 cholera cases occurred on the 17th and the second on the 23d instant. Neither of them proved fatal. Besides cholera, which is sporadic, there exists an epidemic of influenza, which is light and does not prove fatal. There are also a few deaths from smallpox.

In the villages surrounding the town of Aya Kyriaki or Enghere no new cholera case has been registered for thirteen days. These villages, which are situated near Yalowa, in the Gulf of Ismid, are still under the supervision of a sanitary cordon, which will be abolished after the sanitary physician states their perfect sanitary condition.

In Syria cholera has not disappeared. According to official news, cholera does exist in the villages of Calet-el-hosue Hosue, Hadidé, Foondik, Corni, Mishmené, Beít-ayoub, and, according to the French consul at Beirut, it exists also at Damascus, where more than 25,000 soldiers are thronged, in order to fight against the rebels of Hauran, the Druses. It is not known whether the cholera has made many victims, but, in spite of the official denials, it can be stated that cholera exists in Damascus.

Cholera exists also in several villages in the province of Diarbekir.

In Egypt cholera is abating, though fresh localities are infected. According to official news from the 9th instant up to the 18th instant, 29 cholera cases were registered in the following places: Damietta, Faraskur, Borachia, Zarka, Zagazig, Heia Mansourah, and Caffre-el-Batikh, which last is the last village affected.

On account of the existence of cholera in the Turkish provinces and in Egypt, the international sanitary commission has decided that pilgrims who embark at the Turkish ports of the Mediterranean Sea have to land at one of the three Turkish lazarettos of the Mediterranean, at Clazomene, at Beirut, or Tripoli in Africa, at which lazarettos they will have their wearing apparel and their baggage thoroughly disinfected. The steamships also on board of which the pilgrims make their journeys have to be thoroughly disinfected. They have to be thoroughly washed with lime water, and the water-closets, as well as the under decks, whitewashed with lime. The drinking water will be changed for fresh, taken at the lazaretto. After this disinfection at the lazaretto they will pass the Suez Canal *en quarantaine*, that is to say, without landing anywhere in the canal and having on board two sanitary guardians. Before they land at Yeddah, they have to submit to a medical visit made by the sanitary physician. If during their journey from the Mediterranean Sea to Yeddah any cholera case occurs on board the steamships carrying the pilgrims, they will be sent to Camaran, where the pilgrims will have to undergo the same quarantine as do the pilgrims coming from the Indian Ocean.

Pilgrims who embark from Egypt bound to the Hedjaz have to undergo ten days' quarantine at the would-be lazaretto of Tor. It has been decided that two sanitary physicians, appointed by the international sanitary commission of Constantinople, will assist at this ten days' quarantine at Tor. It is known that quarantine is not performed as it ought to be at Tor. After this ten days' quarantine at Tor, if no cholera has occurred, the pilgrims will be allowed to embark and go to Aboo-Saad, an island near Yeddah, where their wearing apparel and baggage will be thoroughly disinfected in the disinfecting furnace. In case of an outbreak of cholera during the journey, the pilgrims will have to go to Camaran, where they will have to undergo quarantine as above.

Pilgrims who do not undergo quarantine at the Turkish lazarettos of the Mediterranean Sea or at Tor in the Red Sea, with disinfection

according to the above-mentioned decision of the international sanitary commission of Constantinople, have to go straight to Camaran before landing at the Hedjaz.

SPIRIDION C. ZAVITZIANO.

#### STATISTICAL REPORTS.

AFRICA—*Mozambique*.—Month of October, 1895. Estimated population, 8,000. Total deaths, 5. No deaths from contagious diseases.

BAHAMAS—*Dunmore Town*.—Two weeks ended January 3, 1896. Estimated population, 1,472. One death. No death from contagious disease.

GREEN TURTLE CAY—*Abaco*.—Two weeks ended January 2, 1896. Estimated population, 3,900. No deaths.

BERMUDA.—Week ended December 27, 1895. Estimated population, 15,013. Total deaths, 2. No deaths from contagious disease.

CHILI—*Antofogasta*.—Month of November, 1895. Estimated population, 14,000. Total deaths, 44, including 3 from phthisis pulmonalis.

FRANCE—*St. Etienne*.—Two weeks ended December 20, 1895. Estimated population, 133,443. Total deaths, 104, including enteric fever, 4; diphtheria, 1; and measles, 2.

GREAT BRITAIN—*England and Wales*.—The deaths registered in 33 great towns of England and Wales during the week ended December 28 correspond to an annual rate of 19.1 a thousand of the aggregate population, which is estimated at 10,591,530. The lowest rate was recorded in Huddersfield, viz, 10.5, and the highest in Salford, viz, 27.3 a thousand.

*London*.—One thousand five hundred and two deaths were registered during the week, including smallpox, 1; measles, 97; scarlet fever, 17; diphtheria, 71; whooping cough, 32; enteric fever, 23; and diarrhea and dysentery, 15. The deaths from all causes corresponded to an annual rate of 17.8 a thousand. In greater London 1,926 deaths were registered, corresponding to an annual rate of 16.6 a thousand of the population. In the "outer ring" the deaths included 15 from diphtheria, 8 from scarlet fever, 12 from measles, and 10 from whooping cough.

*Ireland*.—The average annual death rate represented by the deaths registered during the week ended December 28 in the 16 principal town districts of Ireland was 21 a thousand of the population. The lowest rate was recorded in Kilkenny, viz, 6.3, and the highest in Waterford, viz, 37.5 a thousand. In Dublin and suburbs 156 deaths were registered, including smallpox, 1; enteric fever, 1; and diphtheria, 1.

*Scotland*.—The deaths registered in 8 principal towns during the week ended December 28 corresponded to an annual rate of 20 a thousand of the population, which is estimated at 1,500,435. The lowest mortality was recorded in Perth, viz, 13.7, and the highest in Greenock, viz, 32.7 a thousand. The aggregate number of deaths registered from all causes